

**Amendments to the Claims**

The listing of claims will replace all prior versions and listings of claims in the application.

**Listing of Claims**

Claims 1-27 (canceled).

Claim 28. (new) A system to prevent medical billing fraud in costs submitted to medical insurance companies for payment for treatment provided by a health care provider at a medical facility, said system comprising:

a computer located at the medical facility where treatment is provided by the health care provider;

a computer located at a clearing house;

one or more computers located at one or more medical insurance companies;

said medical facility computer being capable of receiving information including one or more of the following items:

one or more predetermined treatment codes for the treatment provided by the health care provider;

one or more diagnostic codes;

one or more health care provider codes;

one or more health care provider license numbers;

billing information including one or more of the following items:

the health care provider providing the treatment;

the time of the treatment;

the treatment provided:

    said medical facility computer including software for checking if the information received has been entered correctly;

    said medical facility computer further including means for communicating with said clearing house computer;

    said clearing house computer being capable of communicating with said medical facility computer;

    said clearing house computer being capable of communicating with said one or more medical insurance company computers;

    said clearing house computer further including a data base of both diagnostic and treatment codes as well as software for determining if medical billing fraud conditions exist, such medical billing fraud conditions including one or more of the following:

        a single treatment provided by multiple health care providers;

        multiple similar treatments provided by one or more health care providers;

        treatment provided which is inconsistent with a predetermined diagnostic code;

        treatment provided which is inconsistent with one or more predetermined treatment codes;

        provision of mutually exclusive treatment procedures;

        multiple procedures provided by a health care provider in a single period of time;

said clearing house computer being capable of blocking payments for treatment provided by a health care provider by the insurance company when one or more of said medical billing fraud conditions is found;

said clearing house computer being capable of notifying said one or more medical insurance company computers that no medical billing fraud condition were found and notifying the medical facility computer that payment can be expected for treatment provided.

Claim 29. (new) The system as defined in Claim 28 wherein pre-authorization or pre-treatment codes are provided by said one or more medical insurance company computers to said clearing computer and to said medical facility computer and where payment for treatment provided by the health care provider without the receipt of a pre-authorization or pre-treatment code will be blocked by said clearing house computer.

Claim 30. (new) The system as defined in Claim 28 further including the ability to provide reports of the activities of the health care providers, the items identified by the clearing house computer containing a medical billing fraud condition, and the money paid to the health care provider for treatments provided.

Claim 31. (new) The system as defined in Claim 28 wherein a portion of the input provided to medical facility computer is provided from the office management software at the medical facility.

Claim 32. (new) The system as defined in Claim 28 wherein a portion of the input provided to the medical facility computer is provided by one of more of: a card swipe reader, a wand reader, a bar code reader, and a keyboard.

Claim 33. (new) The system as defined in Claim 28 wherein payment to the health care provider may be blocked for all treatment provided during a period of time when the medical fraud condition of multiple procedures being provided by a health care provider in a single period of time is found.

Claim 34. (new) The system as defined in Claim 28 wherein said computer located at the medical facility where treatment is provided by the health care provider also includes said software to determine if medical billing fraud conditions exist.